

Exhibit “E”

AFFIDAVIT OF MICHAEL ALLEYNE, M.D.

STATE OF NEW YORK)

COUNTY OF ^{s.s.:} Orange)

Michael Alleyne, M.D., being duly sworn, deposes and states the following is true subject to the penalties of perjury:

1. I am a licensed medical doctor licensed to practice medicine in the State of New York as of March 11, 1983. I provide this affidavit voluntarily. No promises or assurances have been made to me by anyone. I have been advised that I have the right to my own counsel in connection with this affidavit's preparation and execution and have expressly waived that right.

2. This affidavit is intended to set forth facts relating to prescriptions submitted to GEICO by pharmacies Boulevard 9229 LLC, Albertson Pharmacy Inc., Sterling Drugstore Inc., and/or Sterling Meds RX Inc. d/b/a Sterling Drugstore (collectively, the "Pharmacies") – and allegedly authorized/signed by me – in support of claims for reimbursement of various pharmaceutical products including topical pain medications.

3. I have reviewed multiple pre-printed prescriptions submitted by the Pharmacies seeking reimbursement for various pharmaceuticals including Lidocaine 5% Ointment, Lidocaine/Lidoderm 5% Patches, and Pennsaid Transdermal Solution 2% (a topical diclofenac product) (collectively, the "Topical Pain Products"), attached at Exhibit "1." I recognize these pre-printed prescription forms as those I was required to use while working for Leonid Shapiro, M.D. ("Dr. Shapiro") under his professional corporation Metro Pain Specialists, P.C. ("Metro Pain"). However, as discussed below, the pre-printed prescription forms at Exhibit "1" were altered without my consent or knowledge to include additional Topical Pain Products that I did not prescribe or authorize.

4. I worked for Metro Pain examining patients at various no-fault medical clinics throughout the New York City area including, among others, clinics located at the following addresses:

- 1767 Southern Boulevard, Bronx NY
- 1894 Eastchester Road, Bronx, NY
- 2940 Grand Concourse, Bronx, NY

- 204-12 Hillside Avenue, Hollis, NY
- 105-10 Flatlands Avenue, Brooklyn, NY
- 2488 Grand Concourse, Bronx, NY
- 2386 Jerome Avenue, Bronx, NY
- 1100 Pelham Parkway, Bronx, NY
- 3041 Avenue U, Brooklyn, NY

5. During my employment at Metro Pain, it was made clear to me by Dr. Shapiro that if I wanted to remain employed, I would have to authorize prescriptions for Topical Pain Products and do so using the pre-printed prescription form provided.

6. The administrative staff at the various clinics from where I worked for Metro Pain would also continuously insist that I authorize these prescriptions. In the event I did not consistently authorize prescriptions for Topical Pain Products to Metro Pain's patients, I would get persistent reminders or admonishing phone calls from clinic staff about not prescribing in accordance with the prescription regimen. I was once yelled at by one of these individuals for not issuing prescriptions for Topical Pain Products to patients. At times, I was asked to sign blank pre-printed prescription forms so that the clinics' staff could fill in the medications that Dr. Shapiro required be prescribed to Metro Pain's patients. I also learned that Metro Pain obtained a stamp of my signature without my consent or authorization, but I do not know what they use the stamp for or if it has ever been used on prescriptions for pharmaceuticals.

7. I am currently employed by Dr. Shapiro's successor entity, Tri-Borough NY Medical Practice, P.C., under which Dr. Shapiro implements the same protocol with respect to the prescription of Topical Pain Products.

8. In addition to reviewing the pre-printed prescription forms at Exhibit "1", I reviewed my corresponding examination reports and treatment records for the patients for whom these prescriptions were purportedly issued while I was working for Metro Pain. As to the pre-printed forms at Exhibit "1," I can definitively state that (i) these are the pre-printed prescription forms I was required to use to prescribe Topical Pain Products to Metro Pain's patients; and (ii) these pre-printed prescription forms were altered without my consent or knowledge to include additional Topical Pain Products in the form of Lidocaine/Lidoderm 5% Patches that I did not prescribe or authorize. I rarely, if ever, prescribed Lidocaine/Lidoderm 5% Patches and I would never simultaneously prescribe both Lidocaine 5% Ointment and Lidocaine/Lidoderm 5% Patches because doing so could cause various side effects including

dizziness and a sudden decrease in blood pressure, and could result in overdosing the patient.

9. Moreover, I have reviewed additional multiple pre-printed prescriptions submitted by the Pharmacies, attached hereto at Exhibit "2." I do not recall ever using the pre-printed prescription forms attached at Exhibit "2" to issue prescriptions for any medications. After reviewing these pre-printed prescription forms I can definitively state that they were not authorized by me and are not valid.

Michael Alleyne 11.17
Michael Alleyne, M.D.

Sworn to before me this
4th day of November, 2022

Michael Shore

Notary Public

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MICHAEL SHORE
Notary Public, State of New York
No. 01SH6180155
Qualified in Nassau County
Commission Expires January 7, 2024